WESTCHASE IMPACT MARTIAL ARTS

Camp Enrollment/Information Form

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3	Age:	Age: Birth: Age: Birth: State:) Ext	State: Ext	Age: Birth:/

<u>Authorization for Emergency Medical Treatment</u>

If my child,	, should become ill	or injured at
CHILD'S FULL NAI	ME	
Impact Martial Arts or Activities relating to, I and (2) Contact the person(s) I have designated reach me and/or the person(s) designated, they arrange for immediate medical treatment. The administer emergency medical treatment necessaccept responsibility for payment of medical services.	d if I cannot be reached. Should the are authorized to contact my child's physician and/or medical facility ar ssary to ensure the health and safety	facility be unable to sphysician and/or e authorized to
Signature of Parent or Legal Guardian	Relationship	Date
All Half Day Camps star All Full Day Camps star A dollar a minute late fee will be o	AL INFORMATION art at 9 a.m. and end at 1 p.m. of the at 8:30 a.m. and end at 6 p.m. of the arged for pick-ups after 1:15 itial	<u>daily</u>
The following items are required on a de	aily basis: lunch, snacks, drinks	s, and casual clothing.
We are only accepting students on a first come is required to reserve child's spot.	basis. Complete registration (with	non-refundable payment)
Statement of	Cooperation and Release	
Impact Martial Arts, Inc. urges all applican to obtain a physical examination prior to atter connected with any physical activity, Undersi knowingly and voluntarily waives any right of such activity from which any liability may its Officers, Agents, Employees or Instruct	adance in camps. In recognition of the gned, Student, Parent or Legal Guar f cause of action of any kind whatso or could occur or accrue to Impact	he possible danger dian and member hereby ever arising as the result
As the Undersigned, I recognize that the camp Inc. and Impact Martial Arts, Inc. will give I recognize that leadership training is an integr students at higher belt levels may assist instructive agree to cooperate with the staff and instringular financial obligations to the Center and Program	prior notice of such modifications by al part of the discipline of the Martia ctors in providing instruction and sup uctors in a supportive manner. I/we	general announcements. Al Arts, and therefore pervision in classes.
As Undersigned there are no refunds or ca agree to the above and preceding.	ncellations, and I have read, under	rstand, accept and
Signature of Parent or Legal Guardian	Relationship	Date
	Authorized Staff	Date



General Activities:

Impact Martial Arts, Inc. Waiver and Release of Liability

I expressly warrant and represent that I am the legal guardian of (participant's name(s)) on whose
behalf I am completing this registration, and have full legal authority to agree to the terms contained in this Waiver and Release of Liability.
In this document, the participant(s) at Impact Martial Arts Inc. on whose behalf I am completing this registration is referred to as "my ward". I understand that I am giving my ward permission to participate in all activities, including all physical active games, other games, arts and crafts, and other activities.
Electronics/Personal Property: I understand that any items, including all electronic devices, my ward brings to Impact Martial Arts Inc. are the sole responsibility of my ward, and Impact Martial Arts Inc. is in no way responsible for lost, missing, stolen or damaged items(initial)
Publicity release: Impact Martial Arts Inc. may use any photos or video taken of my ward for promotion of Impact Martial Arts Inc
Assumption of Risk and Indemnity: I acknowledge and fully understand that my ward may engage in activities at Impact Martial Arts Inc. that involve risk of injury. These activities include martial arts, running on the mat, physical games on the mat such as dodge ball, moon ball, exercise, sporting events and other activities that involve the risk of tripping, falling, slipping and similar risks that could result in serious injury and/or death. There may be other risks not known to us or not reasonably foreseeable at this time. I assume all the foregoing risks, accept personal responsibility for any damages incurred by my ward following such injury, permanent disability or death, and agree to indemnify and hold Impact Martial Arts Inc. and their employees, volunteers and partners in the operation of Impact Martial Arts Inc. harmless from and against all claims, costs, expenses and liabilities, including attorney fees, for injury to person or property arising in connection with my ward's participation in activities at Impact Martial Arts Inc. and the use of facilities and equipment owned by Impact Martial Arts Inc. (initial)
I acknowledge that I have carefully read the above Waiver and Release of Liability, understand its contents, and I recognize that by signing this legally binding agreement on behalf of myself and my ward and other parents and guardians of my ward, we are freely giving up substantial rights and assuming all risk of injury, death and property damage. I understand this document and agree to all content described.
Parent/Guardian Signature
Date